

## Co-Payments for Medicaid Services



Recipients may be asked to pay a small part of the cost (co-payment) for some medical services. Medicaid will pay the rest. Providers cannot charge any additional amount other than the co-payment for Medicaid covered services.

### Services with Co-payments:

Doctor visits

Visits to health care centers

Visits to rural health clinics

Inpatient hospital

Outpatient hospital visits

Prescription drugs

Medical equipment

Supplies and appliances

Ambulatory surgical centers

### Co-payment Amounts

\$1 per visit

\$1 per visit

\$1 per visit

\$50 each time you are admitted

\$3 per visit

50 cents to \$3 per prescription

\$3 per item

\$1 for each purchase

\$3 per visit

### Exceptions:

**You do not have to pay a co-payment if you are a Medicaid recipient who is:**

- In a nursing home
- Under 18 years of age
- Pregnant, or
- Receiving family planning (birth control) services

**The following services do not require a co-payment:**

- Birth control (family planning) services
- Case management services
- Chemotherapy
- Dental services for children under age 21
- Doctor fees if the surgery is done in the doctor's office
- Doctor visits if you are in a hospital or nursing home
- Emergencies
- Home and community services for the mentally retarded, developmentally disabled, or the elderly and physically disabled
- Home health care services
- Mental health and substance abuse treatment services
- Preventive health education services
- Physical therapy in a hospital outpatient setting
- Radiation treatments
- Renal dialysis treatments